



The Mural Conservancy of Los Angeles | Internship Application

Welcome! Thank you for your interest in volunteering and being a part of our mission.

Information provided on this form is strictly confidential and is used for recruitment and placement purposes.

All MCLA intern applicants must 18 years or older. | Please complete this application and return it with a cover letter and copy of your resume.

General Information

Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Birthday: ____/____/____ Driver's License #: _____ State: _____

Do you know any MCLA staff, interns, or volunteers? No Yes If so, please provide their name(s):

Name of School: _____ School Phone Number: _____

School Address: _____

Course of study: _____ Highest level of education: _____

Are you requesting that your college or university grant you academic credit for your internship? No Yes

Are you legally eligible to work in the U.S.? Yes No If you are not a U.S. Citizen, are there any restrictions on your eligibility for employment? _____

Have you ever been convicted of a felony? No Yes If yes, please explain:

Do you have any physical limitations/restrictions which would need accommodations? If yes, please explain:

Education History

Type of School	Name & Location	Degree/Date	Major
High School: _____	_____	_____	_____
College: _____	_____	_____	_____
Other: _____	_____	_____	_____
Scholastic honors and/or Licenses: _____			

Employment History

Please include paid, volunteer and intern positions, beginning with most recent employers.

Name of Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor (name/title): _____ Start Date: _____ End Date: _____

Description of Duties: _____

Name of Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor (name/title): _____ Start Date: _____ End Date: _____

Description of Duties: _____

Name of Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor (name/title): _____ Start Date: _____ End Date: _____

Description of Duties: _____

Areas of Interest

From the list below, mark all the areas that apply to your interests and abilities. Information you provide will allow MCLA to find a suitable placement for you. MCLA provides additional training in some areas.

Development

- Membership
- Research, Data Entry
- Outreach/Recruiting

Special Events

- Event set-up
- Event volunteer
- Marketing/Promotion

Education

- Tours
- Exhibitions/Lectures
- Teaching

The Arts

- Conservation
- Preservation
- Archiving

Social Media

- Blogging
- Research
- Social Networking

Special Skills

Please mark all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Previous museum, gallery/tour docent experience | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Outreach and recruitment | <input type="checkbox"/> Event organizing |
| <input type="checkbox"/> Interest in the visual arts | <input type="checkbox"/> Public speaking skills |
| <input type="checkbox"/> Knowledge of art history, public art history, Los Angeles history | <input type="checkbox"/> Image editing, graphic design |
| <input type="checkbox"/> Experience using digital camera devices | <input type="checkbox"/> Clerical office support/filing/photocopy/data entry |
| <input type="checkbox"/> Research | <input type="checkbox"/> Computer savvy |
| <input type="checkbox"/> Film/video editing, videography | <input type="checkbox"/> Foreign language skills, please specify: _____ |

Please list any additional skills, interests, and/or talents that might be valuable to your intern service.

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10:00am-2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00pm-6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the specific shifts listed above do not fit your schedule, please indicate the times you are available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

References

Please list two academic, professional, or personal references that can speak highly of your experience, skills, and abilities.

Last Name: _____ First Name: _____
Home Phone: _____ Cell Phone: _____
Relationship: _____

Last Name: _____ First Name: _____
Home Phone: _____ Cell Phone: _____
Relationship: _____

Emergency Contact Information

Please list one contact that should be notified in the case of an emergency.

Last Name: _____ First Name: _____
Home Phone: _____ Cell Phone: _____
Relationship: _____

Intern Agreement

I agree that the information provided on this application is true and complete, and I have not knowingly withheld any information. I understand that misrepresentation shall be sufficient grounds for disqualification from MCLA’s Internship Program. I hereby authorize MCLA to verify any information contained in this application.

I also understand that, if I become a intern at MCLA, a commitment to upholding the mission of MCLA will be expected, In addition to maintaining a respectful working relationship with staff and volunteers, and sustaining an environment of integrity and dignity. I agree to hold confidential all privileged and/or sensitive information, which I may obtain directly or indirectly, concerning MCLA, its members and staff (including employees and volunteers). I agree to comply with all policies and procedures, as well as safety practices in all areas of MCLA and understand that my failure to comply with the aforementioned will result in the termination of my internship position.

I hereby remise, release, and forever discharge and agree to indemnify MCLA, and each of their officers, directors, employees, and agents harmless from and against any and all causes of action, suits, liabilities, costs, debts, and demands whatsoever, including without limitations attorney fees and disbursements, arising from or occasioned by my participation in MCLA programs.

In addition, I consent to emergency medical attention in the event that I am unable to give my consent.

I have read the above statement and agree to the terms and conditions outlined within it.

Printed Name: _____ Signature: _____ Date: ___/___/___

Thank you for completing this application and for your interest in interning with us! Please return competed application via, fax, mail, or email to:

The Mural Conservancy of Los Angeles
155 W. Washington Blvd. Suite G6
Los Angeles, CA 90015